

## **100 AHCCCS MEDICAL POLICY MANUAL OVERVIEW**

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### **I. PURPOSE**

The AHCCCS Medical Policy Manual (AMPM) applies to AHCCCS Complete Care (ACC), Arizona Long Term Care System/Elderly and Physical Disability Program (ALTCS/EPD), Arizona Department of Child Safety/Comprehensive Medical and Dental Program (DCS/CMDP), Arizona Department of Economic Security/Division of Developmental Disabilities (ADES/DDD), and Regional Behavioral Health Authorities (RBHAs); and Fee-For-Services (FFS) Programs including: Tribal ALTCS, TRBHAs, the American Indian Health Program (AIHP) and Federal Emergency Services (FES) programs as indicated in each Policy.

The AMPM establishes requirements regarding the provision of covered health care services for Arizona residents who are eligible for Arizona's Medicaid Program known as Arizona Health Care Cost Containment System (AHCCCS).

### **II. DEFINITIONS**

#### **1115 WAIVER**

Refers to section 1115 of the Social Security Act (SSA). States must comply with Title XIX (Medicaid) and Title XXI (Children's Health Insurance Program) of the SSA. AHCCCS has been providing Medicaid since October 1, 1982 making AHCCCS exempt from specific provisions of the SSA, pursuant to an 1115 Research and Demonstration Waiver.

#### **638 TRIBAL FACILITY**

A facility that is owned and/or operated by a Federally recognized American Indian/Alaskan Native Tribe and that is authorized to provide services pursuant to Public Law 93-638, as amended. Also referred to as: tribally owned and/or operated 638 facility, tribally owned and/or operated facility, 638 tribal facility, and tribally-operated 638 health program.

**ADMINISTRATIVE  
SERVICES SUBCONTRACTS**

An agreement that delegates any of the requirements of the contract with AHCCCS, including, but not limited to the following:

- a. Claims processing, including pharmacy claims.
- b. Credentialing, including those for only primary source verification (i.e. Credential Verification Organization).
- c. Management Service Agreements.
- d. Service Level Agreements with any Division or Subsidiary of a corporate parent owner.
- e. DDD acute care and behavioral health subcontractors.

Providers are not Administrative Services Subcontractors.

**AHCCCS COMPLETE  
CARE (ACC)  
CONTRACTOR**

A contracted Managed Care Organization (also known as a health plan) that, except in limited circumstances, is responsible for the provision of both physical and behavioral health services to eligible Title XIX/XXI persons enrolled by the administration.

**AHCCCS CONTRACTOR  
OPERATIONS MANUAL  
(ACOM)**

The ACOM provides policy information related to AHCCCS Contractor operations and is available on the AHCCCS website at [www.azahcccs.gov](http://www.azahcccs.gov).

**AHCCCS MEDICAL  
POLICY MANUAL  
(AMPM)**

The AMPM provides policy information regarding covered health care services and is available on the AHCCCS website at [www.azahcccs.gov](http://www.azahcccs.gov).

**AHCCCS POLICY  
COMMITTEE (APC)**

A committee comprised of Agency Management and subject matter experts within AHCCCS and stakeholder representatives that review and approve new and revised Policies.

**AHCCCS REGISTERED  
PROVIDER**

A contracted provider or non-contracting provider who enters into a provider agreement with AHCCCS and meets licensing or certification requirements to provide AHCCCS-covered services.

**AHCCCS STATE PLAN**

A comprehensive written contract between AHCCCS and the Centers for Medicare and Medicaid Services (CMS) that describes the nature and scope of its Medicaid program. Arizona has a State Plan for Medicaid and a State Plan for the Children's Health Insurance Program (KidsCare).

**AMERICAN INDIAN  
HEALTH PROGRAM  
(AIHP)**

An acute care Fee-For-Service program administered by AHCCCS for eligible American Indians which reimburses for physical and behavioral health services provided by and through the Indian Health Service (IHS), tribal health programs operated under 638 or any other AHCCCS registered provider. AIHP was formerly known as AHCCCS IHS.

**AMERICANS WITH  
DISABILITIES ACT (ADA)**

The ADA prohibits discrimination on the basis of disability and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities transportation, and telecommunications. Refer to the Americans with Disabilities Act of 1990, as amended, in 42 U.S.C. 126 and 47 U.S.C. 5.

**ARIZONA  
ADMINISTRATIVE CODE  
(A.A.C.)**

State regulations established pursuant to relevant statutes. Referred to in Contract as “Rules.” AHCCCS Rules are State regulations which have been promulgated by the AHCCCS Administration and published by the Arizona Secretary of State.

**ARIZONA DEPARTMENT  
OF CHILD SAFETY(DCS)**

The department established pursuant to A.R.S. §8-451 to protect children and to perform the following:

1. Investigate reports of abuse and neglect.
2. Assess, promote and support the safety of a child in a safe and stable family or other appropriate placement in response to allegations of abuse or neglect.
3. Work cooperatively with law enforcement regarding reports that include criminal conduct allegations.
4. Without compromising child safety, coordinate services to achieve and maintain permanency on behalf of the child, strengthen the family and provide prevention, intervention and treatment services pursuant to this chapter.

**ARIZONA DEPARTMENT  
OF ECONOMIC  
SECURITY/DIVISION OF  
DEVELOPMENTAL  
DISABILITIES (DES/DDD)**

The Division of a State agency, as defined in A.R.S. Title 36, Chapter 5.1, which is responsible for serving eligible Arizona residents with a developmental/intellectual disability. AHCCCS contracts with DES/DDD to serve Medicaid eligible individuals with a developmental/ intellectual disability.

**ARIZONA HEALTH CARE  
COST CONTAINMENT  
SYSTEM (AHCCCS)**

Arizona’s Medicaid Program, approved by the Centers for Medicare and Medicaid Services as a Section 1115 Waiver Demonstration Program and described in A.R.S. Title 36, Chapter 29.

**ARIZONA LONG TERM  
CARE SYSTEM (ALTCS)**

An AHCCCS program which delivers long-term, acute, behavioral health and case management services as authorized by A.R.S. §36-2931 et seq., to eligible members who are either elderly and/or have physical disabilities, and to members with developmental disabilities, through contractual agreements and other arrangements.

**ARIZONA LONG TERM  
CARE SYSTEM (ALTCS)  
FEE-FOR-SERVICE  
PROGRAM**

Also known as Tribal ALTCS, a program managed by AHCCCS to provide covered, medically necessary ALTCS services to ALTCS American Indian members who reside on a Tribal reservation in Arizona or resided on a reservation immediately before being placed in a nursing facility or alternative HCBS setting off-reservation.

**ARIZONA LONG TERM  
CARE SYSTEM (ALTCS)  
TRANSITIONAL PROGRAM**

A program for currently eligible ALTCS members who have improved, either medically, functionally or both, to the extent that they are no longer at risk of institutionalization at a Nursing Facility (NF) or Intermediate Care Facility for persons with intellectual disabilities (ICF) level of care. These members continue to require some long-term care services, but at a lower level of care. Refer to 9 A.A.C. 28, Article 3; and Chapter 1600 of this Manual.

**ARIZONA REVISED  
STATUTE (A.R.S.)**

Laws of the State of Arizona.

**CENTERS FOR DISEASE  
CONTROL AND  
PREVENTION (CDC)**

A federal agency under the Department of Health and Human Services, based in Atlanta, Georgia, that provides information and tools to promote health, prevent disease, injury and disability and prepare for new health threats.

**CENTERS FOR MEDICARE  
AND MEDICAID SERVICES  
(CMS)**

An organization within the United States Department of Health and Human Services, which administers the Medicare and Medicaid programs and the State Children's Health Insurance Program.

**CLAIMS DASHBOARD  
GUIDE**

A guide designed to assist the Contractor in submitting a monthly report to address claim requirements, including billing rules and documentation requirements, and submit a report to AHCCCS that will include the rationale for specific requirements.

**CODE OF FEDERAL  
REGULATIONS (CFR)**

The general and permanent rules published in the Federal Register by the departments and agencies of the Federal Government.

**COMPREHENSIVE  
MEDICAL AND DENTAL  
PROGRAM (CMDP)**

A Contractor that is responsible for the provision of covered, medically necessary AHCCCS services for foster children in Arizona. Refer to A.R.S. §8-512.

**CORRECTIVE ACTION  
PLAN (CAP)**

A written work plan that identifies the root cause(s) of a deficiency, includes goals and objectives, actions/ tasks to be taken to facilitate an expedient return to compliance, methodologies to be used to accomplish CAP goals and objectives, and staff responsible to carry out the CAP within established timelines. CAPs are generally used to improve performance of the Contractor and/or its providers, to enhance Quality Management/Process Improvement activities and the outcomes of the activities, or to resolve a deficiency.

**FEE-FOR-SERVICE (FFS)**

A method of payment to an AHCCCS registered provider on an amount-per-service basis for services reimbursed directly by AHCCCS for members not enrolled with a managed care Contractor.

**GRANTS**

A sum of money given by an organization or government for a particular purpose. Specific criteria must be followed to ensure funding.

**GRIEVANCE GUIDE**

A guide that provides instructions to the Contractors on how to complete the Grievance System Report for submission to and review by the Division of Health Care Management (DHCM), as required by contract.

**HEALTH INSURANCE  
PORTABILITY AND  
ACCOUNTABILITY ACT  
(HIPAA)**

The Health Insurance Portability and Accountability Act (P.L. 104-191); also known as the Kennedy-Kassebaum Act, signed August 21, 1996 as amended and as reflected in the implementing regulations at 45 CFR 160, 162, and 164.

**INDIAN HEALTH SERVICE  
(IHS)**

The operating division within the U.S. Department of Health and Human Services, responsible for providing medical and public health services to members of federally recognized Tribes and Alaska Natives as outlined in 25 U.S.C. 1661.

**KIDSCARE**

Federal and State Children's Health Insurance Program (Title XXI – SCHIP) administered by AHCCCS. The KidsCare Program offers comprehensive medical, preventive, treatment services, and behavioral health care services statewide to eligible children under the age of 19, in households with income at or below 200% Federal Poverty Level (FPL).

**MANAGED CARE  
ORGANIZATION (MCO)**

A health care delivery system consisting of affiliated and/or owned hospitals, physicians and others which provide a wide range of coordinated health services; an umbrella term for health plans that provide health care in return for a predetermined monthly fee and coordinate care through a defined network of physicians and hospitals.

**OFFICE OF HUMAN  
RIGHTS**

Established within AHCCCS and is responsible for the hiring, training, supervision, and coordination of human rights advocates. Human rights advocates assist and advocate on behalf of members determined to have a serious mental illness in resolving appeals and grievances. Advocates coordinate and assist Human Rights Committees in performing their duties.

**PROVIDER AFFILIATION  
TRANSMISSION (PAT)  
USER MANUAL**

Every quarter the Contractors are required to submit information about each individual provider within their network as specified in Contract. Each Contractor is responsible for submitting true and valid information.

**PREPAID MEDICAL  
MANAGEMENT  
INFORMATION SYSTEM  
(PMMIS)**

An integrated information infrastructure that supports AHCCCS operations, administrative activities and reporting requirements.

**PRIMARY CARE PROVIDER  
(PCP)**

An individual who meets the requirements of A.R.S. §36-2901, and who is responsible for the management of the member's health care. A PCP may be a physician defined as a person licensed as an allopathic or osteopathic physician according to A.R.S. Title 32, Chapter 13 or Chapter 17, or a practitioner defined as a physician assistant licensed under A.R.S. Title 32, Chapter 25, or a certified nurse practitioner licensed under A.R.S. Title 32, Chapter 15. The PCP must be an individual, not a group or association of persons, such as a clinic.

**REGIONAL BEHAVIORAL  
HEALTH AUTHORITY  
(RBHA)**

A contracted Managed Care Organization (also known as a health plan) responsible for the provision of comprehensive behavioral health services to all eligible persons assigned by the administration and provision of comprehensive physical health services to eligible persons with a Serious Mental Illness enrolled by the Administration.

**STATE CHILDREN'S  
HEALTH INSURANCE  
PROGRAM (SCHIP)**

State Children's Health Insurance Program under Title XXI of the Social Security Act (Also known as CHIP). The Arizona version of CHIP is referred to as "KidsCare." See also "KIDSCARE."

**TITLE XIX**

Known as Medicaid, Title XIX of the Social Security Act provides for Federal grants to the states for medical assistance programs. Title XIX enables states to furnish medical assistance to those who have insufficient income and resources to meet the costs of necessary medical services, rehabilitation and other services, to help those families and individuals become or remain independent and able to care for themselves. Title XIX members include but are not limited to those eligible under Section 1931 of the Social Security Act, Supplemental Security Income (SSI), SSI-related groups, Medicare cost sharing groups, Breast and Cervical Cancer Treatment Program and Freedom to Work Program. Which includes those populations described in 42 U.S.C. 1396 a(a)(10)(A).

**TITLE XXI**

Title XXI of the Social Security Act provides funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low income children in an effective and efficient manner that is coordinated with other sources of child health benefits coverage.

**TRIBAL REGIONAL  
BEHAVIORAL HEALTH  
AUTHORITY (TRBHA)**

A tribal entity that has an intergovernmental agreement with the administration, the primary purpose of which is to coordinate the delivery of comprehensive mental health services to all eligible members assigned by the administration to the tribal entity. Tribal governments, through an agreement with the State, may operate a Tribal Regional Behavioral Health Authority for the provision of behavioral health services to American Indian members. Refer to A.R.S. §36-3401, §36-3407, and A.A.C. R9-22-1201.

**TRIBAL SOVEREIGNTY IN  
THE UNITED STATES**

The inherent authority of indigenous tribes to govern themselves within the borders of the United States of America. The US federal government recognizes tribal nations as "domestic dependent nations" and has established a number of laws attempting to clarify the relationship between the United States federal and state governments and the tribal nations. The Constitution and later federal laws grant to tribal nations more sovereignty than is granted to states or other local jurisdictions, yet do not grant full sovereignty equivalent to foreign nations, hence the term "domestic dependent nations".

**A. MANUAL CONTENT**

The AMPM consists of 13 chapters and 7 appendices. Each chapter contains individual Policies and corresponding Policy Attachments and/or Exhibits. The Policy Attachments and Exhibits are considered Policy requirements and are provided in the appropriate format (e.g. Microsoft Word, Microsoft Excel, etc.) as necessary for ease of use.

The Policy Manual Chapters include:

Chapter 100	Manual Overview
Chapter 200	Reserved
Chapter 300	Medical Policy for Covered Services
Chapter 400	Medical Policy for Maternal and Child Health
Chapter 500	Care Coordination Requirements
Chapter 600	Provider Qualifications and Provider Requirements
Chapter 700	School-Based Claiming Program/Direct Services Claiming
Chapter 800	Fee-For-Service Quality and Utilization Management
Chapter 900	Quality Management and Performance Improvement Program
Chapter 1000	Medical Management (MM)
Chapter 1100	Federal Emergency Services (FES) Program
Chapter 1200	Arizona Long Term Care System Services and Settings for Members who are Elderly and/or Have Physical Disabilities and/or Have Developmental Disabilities
Chapter 1300	Member Directed Options
Chapter 1400	Reserved
Chapter 1500	Reserved
Chapter 1600	ALTCS Case Management



**Appended documents and forms include:**

- A. EPSDT and Adult Quarterly Monitoring Report Instructions and Template
- B. EPSDT Tracking Forms
- C. Medical Management (MM) Plan Checklist
- D. Reserved
- E. Reserved
- F. Medical Management (MM) Work Plan Guide and Template
- G. Policy for Management of Acute Behavioral Health Situations (NFS with No BH Units)
- H. Reserved
- I. Reserved
- J. Reserved

Both the Contractor and the Providers are responsible for complying with the requirements set forth within the AMPM. Upon adoption by AHCCCS, updates to the AMPM are made available on the AHCCCS website and notification provided via Constant Contact as described below.

**B. THE DIVISION OF HEALTH CARE MANAGEMENT (DHCM)**

DHCM, in conjunction with other divisions within AHCCCS, is responsible for the formulation of AMPM Policies. New or revised Policies can stem from a variety of sources including, but not limited to:

1. Federal or State legislation,
2. Contractual requirements,
3. Internal operational changes,
4. Arizona State Plan or 1115 Waiver, and
5. Requests for written guidelines in a particular area.

In addition, the AMPM maintains a consistent, uniform approach to ensure

1. Regular review,
2. Timely communication of updates, and
3. Reduction of duplication and inconsistencies.

Policy modifications are assessed for a financial impact and the need for input/comments from external parties (e.g. health plans, state agencies, stakeholders, CMS).

#### **C. AHCCCS POLICY COMMITTEE**

The AHCCCS Policy Committee (APC) is comprised of AHCCCS management, subject matter experts, and stakeholder representation including member advocates and Tribal representatives.

APC reviews and approves new policies and substantive modifications to existing policies within the ACOM and the AMPM. APC determines if the proposed policy changes require Tribal Consultation Notification/Public Comment prior to final publication.

#### **D. TRIBAL CONSULTATION NOTIFICATION/PUBLIC COMMENT**

Upon APC approval, Policies and corresponding Attachments/Exhibits are made available on the AHCCCS Website within the Tribal Consultation Notification/Public Comment site. This page allows Tribal members, stakeholders, Contractors, and the general public, to review and submit comments regarding the proposed changes. The comment period is available for 45 days; however, in certain circumstances Executive Management may approve an expedited comment period of two weeks. All documents will have the final date for public comment written on each document. Comments shall be limited only to those policies currently open and listed on the Tribal Consultation Notification/Public Comment site.

When the comment period has concluded, the Policies are removed from the site. AHCCCS will review all comments submitted; however, will not provide responses to any submissions.

#### **E. CONSTANT CONTACT**

AHCCCS maintains a Constant Contact distribution list to communicate when policies are available for Tribal Consultation Notification/Public Comment (TCN/PC) and/or published to the web. To receive these notifications stakeholders are encouraged to subscribe to Constant Contact, located on the AHCCCS website ([www.azahcccs.gov/shared/AMPM](http://www.azahcccs.gov/shared/AMPM), select 'Sign Up for Notifications' at the top of the page) or on the TCN/PC WordPress site ([comments.azahcccs.gov](http://comments.azahcccs.gov), select 'AMPM', and then select 'Sign Up for Notifications' at the top of the page) to receive timely notifications.

**F. PUBLISHED POLICIES**

At the conclusion of the Tribal Consultation Notification/Public Comment period, policies are finalized and published to the AHCCCS website. A corresponding AMPM Revision Memo is developed for each Policy publication and is provided on the AHCCCS AMPM web page. An overview of the Policy revisions is provided within the corresponding Revision Memo.

**G. OTHER AHCCCS GUIDES AND MANUALS**

The AMPM frequently provides references to other AHCCCS manuals and legal references or documents which provide more detailed information and can be found on the AHCCCS Website.

IMPLEMENTATION 10/01/18